
**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant : Cho et al.
Serial No. : 09/974,942 Examiner: Not Available
Filed : October 11, 2001 Group Art Unit: 1614
For : PRO-MICELLE PHARMACEUTICAL COMPOSITIONS

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail on December 30, 2004 and is addressed to:
Commissioner for Patents, P.O. Box 1450,
Alexandria, VA 22315-1450.


Louis S. Sorell 32,439

To the Assistant Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22315-1450

**CANCELLATION OF REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT**

Dear Sir:

The undersigned attorney filed a Request For Withdrawal As Attorney Or Agent And Change of Correspondence Address for the above-identified patent application on October 11, 2004.

The undersigned attorney has resolved the issues cited as the reasons for that request. Accordingly, the inventors have executed new Power of Attorney and Correspondence Address

Indication Forms (enclosed) designating the undersigned attorney to prosecute the above-identified patent application.

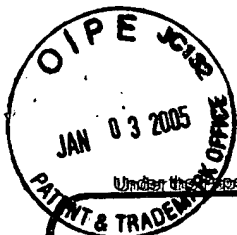
In view of the foregoing, cancellation of the previously filed Request For Withdrawal As Attorney or Agent And Change of Correspondence Address is hereby requested.

Respectfully submitted,



Louis S. Sorell
GOODWIN PROCTER LLP
599 Lexington Avenue
New York, NY 10022
(212) 459-7421

Enclosures



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PTO/SB/81 (06-03)

Approved for use through 11/30/2005. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	09/974,942
Filing Date	October 11, 2001
First Named Inventor	Young W. Cho
Title	PRO-MICELLE PHARMACEUTICAL
Art Unit	1653
Examiner Name	Mohamed
Attorney Docket Number	105068-142544

I hereby appoint:

☐ Practitioners at Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
Louis S. Sorelli	32,439

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Goodwin Procter LLP				
Address	599 Lexington Avenue				
Address					
City	New York	State	NY	Zip	10022
Country	United States				
Telephone	212-813-8800	Fax	212-355-3333		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

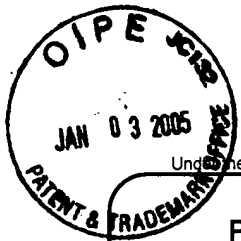
Name	Young W. Cho		
Signature			
Date	Dec. 4, 2004	Telephone	212-496-1937

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/81 (06-03)

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<input checked="" type="checkbox"/> Firm or Individual Name	Goodwin Procter LLP				
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Address					
City	New York	State	NY	Zip	10022
Country	United States				
Telephone	212-813-8800	Fax	212-355-3333		

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name	Keith Kwang-Ho Lee				
Signature					
Date	12/07/04	Telephone	(323) 828-0096		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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